CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER: 020719, S012

ADMINISTRATIVE/CORRESPONDENCE DOCUMENTS

Division of Metabolic and Endocrine Drug Products, HFD-510

Review of Draft Labeling

Application Number: 20-719/S-012

Name of Drug: PrelayTM (troglitazone) Tablets

Sponsor: Sankyo

Material Reviewed

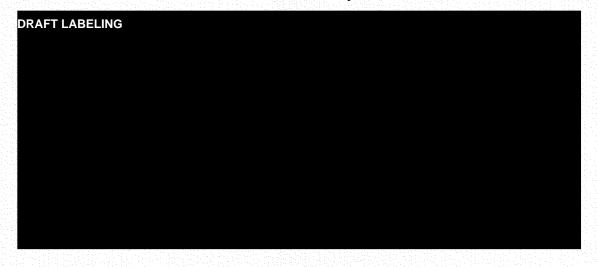
Submission Date: September 20, 1999

Receipt Date: September 21, 1999

Review

The draft labeling submitted on September 20, 1999, has been compared to the draft labeling which was approved for Rezulin, NDA 20-720/S-012. The following highlighted typographical errors were conveyed to the sponsor:

- 1. In the Clinical Pharmacology subsection entitled Combination With Sulfonylureas:(FSH of 224mg.... should readDRAFT LABELING
- 2. The word "Adjusted" needs to be deleted from two places in:



Page 2 NDA 20-719/S-012

The sponsor faxed in a new package insert, which contains the necessary corrections. The draft labeling for Prelay™ (troglitazone) Tablets (NDA 20-719/S-012) is acceptable.

Dwayne Keels

9/29/9

Dwayne Keels

9/29/9

Jera Weber, PM

SI

Robert Misbin

Saul Malozowski

Find Galliers

cc:

HFD-510/DivFiles HFD-510/Keels/Weber

APPEARS THIS WAY ON ORIGINAL

Exclusivity Checklist

| NDA: 20-419 /5-012 | | | | |
|--|---|---------------------------------|-----------------------|------------------|
| Trade Name: PRELAY | | | | |
| Generic Name: TRABOLTAZONE | | | | |
| Applicant Name: 5 gokyo | | | | |
| Division: SID DMEDP | | | | |
| Project Manager: シンミア | | | | <u> </u> |
| Approval Date: | | | | |
| | | | | |
| PART I: IS AN EXCLUSIVITY DETERMINATION | ON NE | CDET | <u> </u> | |
| 1. An exclusivity determination will be made for all original applica | UN NE | EDEL |)? | <u> </u> |
| supplements. Complete Parts II and III of this Exclusivity Summary | uons, ot | it only | ior ce | rtain |
| one or more of the following questions about the submission. | Omy n | you ar | iswer " | yes" to |
| a. Is it an original NDA? | Yes | 1 | h. 7 | |
| b. Is it an effectiveness supplement? | Yes | + | No | |
| c. If yes, what type? (SE1, SE2, etc.) | | 1/ | No | |
| Did it require the review of clinical data other than to support | 12, | <u> </u> | - | <u> </u> |
| a safety claim or change in labeling related to safety? (If it required | Yes | | | |
| review only of bioavailability or bioequivalence data, answer "no.") | ites | | -No | |
| If your anguer is "no" have the | | | | |
| If your answer is no because you believe the study is a broad | vailahilit | w etud | bacu | |
| If your answer is "no" because you believe the study is a bioartherefore, not eligible for exclusivity, EXPLAIN why it is a bioarticle. | vailabilit | y stud | y and, | |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavaila | ability st | ndv ir | achidina | g your |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailareasons for disagreeing with any arguments made by the applicant the | ability st | ndv ir | achidina | g your simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailar reasons for disagreeing with any arguments made by the applicant the abioavailability study. | ability st | ndv ir | achidina | g your simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailareasons for disagreeing with any arguments made by the applicant the | ability st | ndv ir | achidina | g your simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailar reasons for disagreeing with any arguments made by the applicant the abioavailability study. | ability st | ndv ir | achidina | g your simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailate reasons for disagreeing with any arguments made by the applicant the a bioavailability study. Explanation: | ability st at the st | udy, ir tudy w | ncluding as not | simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailar reasons for disagreeing with any arguments made by the applicant the a bioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it | ability st | udy, ir tudy w | ncluding as not | simply |
| reasons for disagreeing with any arguments made by the applicant the abioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clinical day. | ability st | udy, ir tudy w | ncluding as not | simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailar reasons for disagreeing with any arguments made by the applicant the a bioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it | ability st | udy, ir tudy w | ncluding as not | simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailar reasons for disagreeing with any arguments made by the applicant the a bioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clinical data but it supplement. | ability st | udy, ir tudy w | ncluding as not | simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailate reasons for disagreeing with any arguments made by the applicant that bioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: | ability st lat the st is not a nical dat | udy, ir tudy w | ncluding vas not | simply |
| therefore, not eligible for exclusivity, EXPLAIN why it is a bioavailar reasons for disagreeing with any arguments made by the applicant the a bioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? | is not an nical dat | udy, ir tudy w | ncluding as not | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity | ability st lat the st is not a nical dat | udy, ir tudy w | ncluding vas not | simply |
| Interestore, not eligible for exclusivity, EXPLAIN why it is a bioavailate reasons for disagreeing with any arguments made by the applicant the abioavailability study. Explanation: If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? | is not an nical dat | udy, ir tudy w n effecta: | ncluding vas not s | simply |
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| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. | is not an nical dat | udy, ir tudy w n effecta: | ncluding vas not s | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. | is not an inical dat | udy, ir tudy w n effecta: | No S, GO | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. Has a product with the same active ingredient(s), dosage form, trength, route of administration, and dosing schedule previously | is not an nical dat | udy, ir tudy w n effecta: | ncluding vas not s | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. Has a product with the same active ingredient(s), dosage form, trength, route of administration, and dosing schedule previously been approved by FDA for the same use? | is not an inical dat | udy, ir tudy w n effecta: | No S, GO | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. Has a product with the same active ingredient(s), dosage form, strength, route of administration, and dosing schedule previously been approved by FDA for the same use? If yes, NDA #20-720 + 20-719. | is not an inical dat | udy, ir tudy w n effecta: | No S, GO | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. Has a product with the same active ingredient(s), dosage form, trength, route of administration, and dosing schedule previously been approved by FDA for the same use? If yes, NDA #20-720 + 20-719. Drug Name: 7006 (1570/10) | is not an nical dat Yes QUEST | n effecta: | No S, GO | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. Has a product with the same active ingredient(s), dosage form, trength, route of administration, and dosing schedule previously seen approved by FDA for the same use? If yes, NDA #20-720 + 20-719. Drug Name: TROELTA 2006 (Require) P-D FTHE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY TO THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY THE ANSWER TO QUESTION 2 IS "YES," GO DIRECTLY The property of the same use? | is not an nical dat Yes QUEST | n effecta: | No S, GO | simply |
| If it is a supplement requiring the review of clinical data but it supplement, describe the change or claim that is supported by the clin Explanation: d. Did the applicant request exclusivity? If the answer to (d) is "yes," how many years of exclusivity did the applicant request? FYOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE DIRECTLY TO THE SIGNATURE BLOCKS. Has a product with the same active ingredient(s), dosage form, strength, route of administration, and dosing schedule previously been approved by FDA for the same use? If yes, NDA #20-720 + 20-719. | is not an nical dat Yes QUEST | n effecta: | No S, GO | simply |

| PART II: FIVE-YEAR EXCLUSIVITY FOR NEW CHI | EMICALI | ENTITIES |
|---|-------------|---------------|
| (Allswer either #1 or #2, as appropriate) | | |
| Single active ingredient product. | Yes | No |
| Has FDA previously approved under section 505 of the Act any drug product containing the same active moiety as the drug under consideration? Answer "yes" if the active moiety (including other esterified forms, salts, complexes, chelates or clathrates) has been previously approved, but this particular form of the active moiety, e.g., this particular ester or salt (including salts with hydrogen or coordination bonding) or other non-covalent derivative (such as a complex, chelate, or clathrate) has not been approved. Answer "no" of the compound requires metabolic conversion (other than deesterification of an esterified form of the drug) to produce an already approved active moiety. | Yes | No |
| If "yes," identify the approved drug product(s) containing the action he NDA #(s). | ve moiety, | and, if know |
| Drug Product | | |
| NDA# | | |
| Drug Product | | |
| NDA# | | |
| Drug Product | | |
| NDA# | | |
| Combination product. | Yes | No |
| If the product contains more than one active moiety (as defined in fart II, #1), has FDA previously approved an application under ection 505 containing any one of the active moieties in the drug roduct? If, for example, the combination contains one ever-before approved active moiety and one previously approved ctive moiety, answer "yes." (An active moiety that is marketed inder an OTC monograph, but that was never approved under an DA, is considered not previously approved.) | Yes | No |
| If "yes," identify the approved drug product(s) containing the active NDA #(s). | e moiety, a | and, if known |
| Drug Product | | |
| NDA# | | |
| Drug Product | | |
| NDA# | | |
| Drug Product | | |
| NDA# | | |
| THE ANSWER TO QUESTION 1 OR 2 UNDER PART II IS O THE SIGNATURE BLOCKS. IF "YES," GO TO PART III. | "NO," GO | D DIRECTL |

| new clinical investigations (other than bioavailability studies) essent application and conducted or sponsored by the applicant." This sect only if the answer to PART II, Question 1 or 2, was "yes." | ial to the a | approval of t I be complet | he ed |
|---|--|--|----------|
| 1. Does the application contain reports of clinical investigations? (The Agency interprets "clinical investigations" to mean investigations conducted on humans other than bioavailability studies.) If the application contains clinical investigations only by virtue of a right of reference to clinical investigations in another application, answer "yes," then skip to question 3(a). If the answer to 3(a) is "yes" for any investigation referred to in another application, do not complete remainder of summary for that investigation. | Yes | No | |
| IF "NO," GO DIRECTLY TO THE SIGNATURE BLOCKS. 2. A clinical investigation is "essential to the approval" if the Agence | | einliem kassilu. Pikasias siimesi | |
| not essential to the approval if 1) no clinical investigation is necessar supplement or application in light of previously approved application than clinical trials, such as bioavailability data, would be sufficient to approval as an ANDA or 505(b)(2) application because of what is al previously approved product), or 2) there are published reports of st conducted or sponsored by the applicant) or other publicly available would have been sufficient to support approval of the application, with clinical investigation submitted in the application. For the purposes of comparing two products with the same ingredients, are considered. | is (i.e., information provide a provide a pready kno udies (oth data that in thout refer of this section.) | ormation other basis for who about a er than those independently frence to the tion, studies | b |
| comparing two products with the same ingredient(s) are considered to a) In light of previously approved applications, is a clinical | o be bloar | vailability stu | ıdies. |
| investigation (either conducted by the applicant or available from some other source, including the published literature) necessary to support approval of the application or supplement? | Yes | No | |
| If "no," state the basis for your conclusion that a clinical trial is approval AND GO DIRECTLY TO SIGNATURE BLOCKS. Basis for conclusion: | s not nece | ssary for | |
| | | | |
| b) Did the applicant submit a list of published studies relevant to the safety and effectiveness of this drug product and a statement that the publicly available data would not independently support approval of the application? | Yes | No | |
| 1) If the answer to 2 b) is "yes," do you personally know of any reason to disagree with the applicant's conclusion? If not applicable, answer NO. | Yes | No | |
| If yes, explain: | | | |
| | | | |
| 2) If the answer to 2 b) is "no," are you aware of published studies not conducted or sponsored by the applicant or other publicly available data that could independently demonstrate the safety and effectiveness of this drug product? | Yes | No | |
| If yes, explain: | | | |

| submitted in the application that are essential to Investigation #1, Study #: | | |
|---|--|--|
| Investigation #2, Study #: | | |
| Investigation #3, Study #: | | |
| 3. In addition to being essential, investigations | must be "new" to support and | |
| relied on by the agency to demonstrate the effect indication and 2) does not duplicate the results of the agency to demonstrate the effectiveness of a not redemonstrate something the agency consideration. | mean an investigation that 1) letiveness of a previously approved another investigation that was previously approved drug proved to have been demonstrated | has not been wed drug for a as relied on by duct, i.e., doe in an already |
| a) For each investigation identified as "esser | ntial to the approval " has the in | westigation L |
| product? (If the investigation was relied on only drug, answer "no.") | tiveness of a previously appear | المناف المال |
| Investigation #1 | Yes | No I |
| Investigation #2 | Yes | No |
| Investigation #3 | Ves | NIO |
| If you have answered "yes" for one or monvestigation and the NDA in which each was re | re investigations, identify each lied upon: | such |
| Investigation #1 NDA Number | | |
| Investigation #2 NDA Number | | |
| Investigation #3 NDA Number | | |
| b) For each investigation identified as "essen duplicate the results of another investigation that effectiveness of a previously approved drug production #1 | was relied on by the agency to | support the |
| Investigation #2 | Yes | No |
| | Yes | No |
| Investigation #3 | IY AC I | No |
| Investigation #3 If you have answered "yes" for one or move. | e investigations identify al. N | |
| If you have answered "yes" for one or mor | re investigations, identify the N | DA in which |
| If you have answered "yes" for one or mor imilar investigation was relied on: | re investigations, identify the N | DA in which |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number | e investigations, identify the N | DA in which |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number Investigation #2 NDA Number | re investigations, identify the N | DA in which |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number Investigation #2 NDA Number Investigation #3 NDA Number | re investigations, identify the N | |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number Investigation #2 NDA Number Investigation #3 NDA Number If the answers to 3(a) and 3(b) are no, identification or supplement that is essential to the application of the a | re investigations, identify the N | the state of the s |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number Investigation #2 NDA Number Investigation #3 NDA Number If the answers to 3(a) and 3(b) are no, identification or supplement that is essential to the assess any that are not "new"): Investigation #1 | re investigations, identify the N | the state of the s |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number Investigation #2 NDA Number Investigation #3 NDA Number If the answers to 3(a) and 3(b) are no, identification or supplement that is essential to the areas any that are not "new"): Investigation #1 Investigation #2 | re investigations, identify the N | the state of the s |
| If you have answered "yes" for one or more imilar investigation was relied on: Investigation #1 NDA Number Investigation #2 NDA Number Investigation #3 NDA Number If the answers to 3(a) and 3(b) are no, identification or supplement that is essential to the areas any that are not "new"): Investigation #1 | re investigations, identify the N atify each "new" investigation in approval (i.e., the investigation | n the s listed in #2(|

sponsor of the IND named in the form FDA 1571 filed with the Agency, or 2) the applicant (or its predecessor in interest) provided substantial support for the study. Ordinarily, substantial

| a. For each investigation identified in response to question 3(c) | stuay. | |
|--|--|-------------------------|
| rried out under an IND, was the applicant identified on the FDA | if the inve | stigation was |
| Investigation #1 | Yes Yes | |
| IND# | Yes | No |
| Explain | | |
| | | |
| Investigation #2 | Yes | No I |
| IND#: | | <u> </u> |
| Explain: | | |
| Investigation #3 | Yes | No I |
| IND#: | 103 | μ,ο 1 |
| Explain: | Barton Brasiliano. Perenda del Cartono. | |
| b. For each investigation not carried out under an IND or for wantified as the sponsor, did the applicant certify that it or the applicant provided substantial support for the study? | hich the app cant's prede | olicant was n |
| b. For each investigation not carried out under an IND or for w | hich the app | olicant was n |
| ntified as the sponsor, did the applicant certify that it or the appli | hich the app cant's prede | olicant was n |
| ntified as the sponsor, did the applicant certify that it or the applicant provided substantial support for the study? | cant's prede | ecessor in |
| ntified as the sponsor, did the applicant certify that it or the applicant provided substantial support for the study? Investigation #1 IND#: | hich the app cant's prede | olicant was necessor in |
| ntified as the sponsor, did the applicant certify that it or the applicant provided substantial support for the study? Investigation #1 IND#: Explain: | Yes | ecessor in |
| ntified as the sponsor, did the applicant certify that it or the applicant provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 | cant's prede | ecessor in |
| Interest provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 IND#: | Yes | No I |
| ntified as the sponsor, did the applicant certify that it or the applicant provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 | Yes | No I |
| Interest provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 IND#: | Yes | No No |
| Interest provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 IND#: Explain: | Yes Yes | No I |
| Interest provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 IND#: Explain: Investigation #3 | Yes Yes | No No |
| Interest provided substantial support for the study? Investigation #1 IND#: Explain: Investigation #2 IND#: Explain: Investigation #3 IND#: | Yes Yes | No No |
| Investigation #2 Investigation #3 | Yes Yes | No No |
| Investigation #2 Investigation #3 Invest | Yes Yes Yes | No No |
| Investigation #2 Investigation #3 IND#: Explain: Investigation #3 Inve | Yes Yes Yes | No I |

